



## Kentucky Public Health

Prevent. Promote. Protect.

### Kentucky J-1 Visa Waiver Program Six (6) Month Reporting Form

**Return to:** Kentucky Department for Public Health  
Division for Prevention and Quality Improvement, Health Care Access Branch  
Attn: KY J-1 Visa Waiver Program Administrator  
275 East Main Street, HS2W-B  
Frankfort, Kentucky 40621

**THIS SECTION TO BE COMPLETED BY THE PHYSICIAN ON THE J-1 VISA WAIVER**  
Six (6) Months Work Period \_\_\_\_\_

Name of Physician: \_\_\_\_\_ State 30 \_\_\_\_ or ARC \_\_\_\_

Sponsor's Name: \_\_\_\_\_

Original Date of Employment: \_\_\_\_\_

#### Primary Practice Site

Name of Site: \_\_\_\_\_

Location Address: \_\_\_\_\_

City/State/Zip/County: \_\_\_\_\_

How many hours a week is the physician engaged in patient care at this location? \_\_\_\_\_

#### List any additional practice sites

Name of Site: \_\_\_\_\_

Location Address: \_\_\_\_\_

City/State/Zip/County: \_\_\_\_\_

How many hours a week is the physician engaged in patient care at this location? \_\_\_\_\_

Do you work any additional sites? If yes, please note in the margin or attach requested information.

What percent of your practice serves Medicaid patients? \_\_\_\_\_

What percent of your patients are billed on a sliding fee scale? \_\_\_\_\_

How much time were you absent from this position due to illness/vacation/etc.? \_\_\_\_\_

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### **THIS SECTION TO BE COMPLETED BY SPONSOR**

Sponsor's Name: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Sponsor's Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**I certify that the information provided on this form is complete and accurate to the best of my knowledge. I understand that if the physician in my employ on a J-1 Visa Waiver changes employment status or location, I will contact the Kentucky J-1 Visa Waiver Program at the Kentucky Department for Public Health at the address listed above.**

**Signature of Sponsor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Physician on J-1 Visa Waiver:** \_\_\_\_\_ **Date:** \_\_\_\_\_

